

Longview Arboretum

Volunteer's Agreement & Release from Liability

P.O. Box 3563
Longview, TX 75606
903.236.5050

Name & Contact Information	
Group Name if Applicable:	
Individual or Contact Person Name:	
Address:	City/State/Zip:
Phone(s):	Email:
Number of Participants:	Number of Participants Under 16:
Volunteers under the age of 16 must be accompanied by an adult!	
Voluntary Participation:	
<p>I acknowledge that I have voluntarily applied to assist in project(s) for the Longview Arboretum. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage and that I will not be eligible for any Workers Compensation benefits. I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for any injury or illness that may occur to me or my child due to participation in this activity or service. I agree to indemnify and hold the Longview Arboretum or any of its affiliated organizations, or either of their officers or directors collectively or individually and its representatives, successors, employees, and volunteers harmless from any liability, loss, cost, or expense (including attorney's fees, medical, and ambulance costs) that may incur while participating in volunteer activities.</p>	
Release:	
<p>In consideration of the opportunity afforded me to assist in project(s) for the Longview Arboretum, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against the Longview Arboretum or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of materials or equipment that is used by the Longview Arboretum, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in this project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in this project. I further consent to the unrestricted use by the Longview Arboretum and or persons authorized by them of any photographs or similar visual recording of me.</p>	
Signatures	
This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian.	
_____	Date_____
Volunteer (Signature)	

Printed Name	

You may be divided into teams with a crew leader. Wear protective clothing, long sleeves, pants, good shoes, gloves and insect repellent. Bring insect repellent, snacks and water. Poison Ivy and other native plants and animals may be on the site.